

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO. _____ FILING DATE _____

APPLICANT(S) _____

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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50						
TOTAL IND.	12		12		12	
TOTAL DEP.	10		10		10	
TOTAL CLAIMS	12		12		12	

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.			12		12	
TOTAL DEP.			10		10	
TOTAL CLAIMS	12		12		12	

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS